

6/20/01  
9/1/01

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER	<i>ETW</i>	<i>10</i>	<i>03-01-01</i>
FORMALITY REVIEW	<i>2</i>	<i>812</i>	<i>03/15/01</i>
RESPONSE FORMALITY REVIEW	<i>AM</i>	<i>917</i>	<i>12-13-01</i>

INDEX OF CLAIMS

- |                     |            |   |              |
|---------------------|------------|---|--------------|
| ✓                   | Rejected   | N | Non-elected  |
| =                   | Allowed    | I | Interference |
| — (Through numeral) | Canceled   | A | Appeal       |
| ÷                   | Restricted | O | Objected     |

Claim	Final	Original	Date
1	✓	✓	03/09/01
2	✓	✓	03/11/01
3	✓	✓	03/03/01
4	✓	✓	
5	✓	✓	
6	✓	✓	
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Claim	Final	Original	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

(LEFT INSIDE)

830  
05/05/01  
12/13/01